		J	_	******
. 1 ***				
ISSUE SLIP	STAPLE AREA (fo	or additional c. iss re	ferences)	
POSITION	INITIALS	ID NO.	DATE	
Position			+	
FEE DETERMINATION	nm		03-13-01	
O.I.P.E. CLASSIFIER	VH		417	
FORMALITY REVIEW	1/2	256	09/26/61	
RESPONSE FORMALITY REVIEW	70	774	17/5	
RESPONSE FORMACITY TIEVIEN	NA/	778	1/4/02	
	Port.	863	25-15-02	
	INDEX OF C	LAIMS	·	-
·	Rejected	Ņ	Non-elected	
=(Through numeral).		A	Anneal \	
∜ J ÷	Restricted	0	Objected \checkmark	
Color S Date	200		970	
Claim Date	Claim N 2 3 D	ate	Claim N n 2 Date	
E	B 200		1,2 %	
Final Original Origina Original Original Origina Origina Origina Origina Or	1000 B		Pinal Original 8// 24 8//2/C	
*877	51 1 1		(10)	
2 1	Claim 2 0 2 / 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		102	
		++++-	104	H
5	54 55	 	105	++
6	(56)		8	
7	57			
8	58		109	
9 10		+++++	110 1	++
11	61	 	0	
12 1	(62)		(12)	
13	63)		(13)	++-
E 14	65	++++	115	++-
16	(6)		CUENT	
17	67	<u> </u>	117	+++
18	68	+++++	118	++
. 20		 	120	+
21	(A)		121	
(2)	72		122	\perp
23	73 (74)	++++	123	+++
1 25	3	++++	125	++
26	(Z6)		126	
20		4444	127	+++
28 29	78	++++	128	++
30	80		130	ш
31	81		131	Π
32	82	1111	132	+++
33 34	83 (64)	+++++	133	+++
35	85	+++++	135	
36	86		136	H
37	87	+++++	137	+++
39	88 89	+++++	138	+++
(40)	90		140	ш
41	91		141	
42	92		142	+++
43	93		143	+++
44 45 45	94 V T		145	+++
16	96 Ø V		146	
47.	97 A N		147	+++
(3)	(98) N		148	+++
50	100	++++	149	
	LINN TIPE			

If more than 150 claims or 10 actions staple additional sheet here

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